

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

8

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE

FIRST

MI

GEORGE

B.

NICKNAME

LAST

SUFFIX

BRAD

CLEAR

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

8424 JACLYN PARK

SAN ANTONIO

TX 78250

☐ Change of Address

Date Hand-delivered or Date Postmarked

5 CAMPAIGN
TREASURER
NAME

TITLE

FIRST

MI

ROLAND

NICKNAME

LAST

SUFFIX

RODRIGUEZ

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

1211 VISTA DEL RIO

S.A. TX

78216

7 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210)

785-4004

N/A

8 REPORT TYPE

☐ January 15

☒ 30th day before election

☐ Runoff

☐ 15th day after campaign treasurer appointment (officeholder only)

☐ July 15

☐ 8th day before election

☐ Exceeded \$500 limit

☐ Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month

Day

Year

THROUGH

Month

Day

Year

1 / 17 / 03

3 / 24 / 03

10 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE

5 / 03 / 03

☐ Primary

☐ Runoff

☒ General

☐ Special

11 OFFICE

OFFICE HELD (if any)

N/A

12 OFFICE SOUGHT (if known)

CITY COUNCIL DIST. 6

13 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

N/A

Address / PO Box; Apt. / Suite #; City; State; Zip Code

N/A

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

GEORGE BRADFORD CLEAR

15 ACCOUNT # (Ethics Commission files)

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

N/A

☐ GENERAL

COMMITTEE ADDRESS

N/A

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

N/A

COMMITTEE CAMPAIGN TREASURER ADDRESS

N/A

☐ additional pages17 NO REPORTABLE
ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 220.⁰⁰/₁₀₀2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)\$ 2620.⁰⁰/₁₀₀EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 258.⁹⁶/₁₀₀

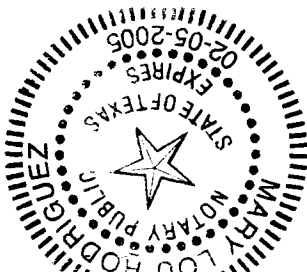
4. TOTAL POLITICAL EXPENDITURES

\$ 2006.⁰⁰/₁₀₀OUTSTANDING
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

George Bradford Clear
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said GEORGE BRADFORD CLEAR this the 3rd day of APRIL, 2003, to certify which, witness my hand and seal of office.

Mary Lou Rodriguez
Signature of officer administering oath

MARY LOU RODRIGUEZ
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 3 total	
2 FILER NAME GEORGE BRADFORD CLEAR		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/7/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BARBARA CLEAR	7 Amount of contribution (\$) 300.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 104 CASA GRANDE BURNET-TX 78611			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 2/7/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GEORGE W. CLEAR SR.	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 104 CASA GRANDE BURNET-TX 78611			
Principal occupation (Optional)		Employer (Optional)	
Date 2/4/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CHUCK A. HELTON	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 31026 TRES LOMAS BULVERDE TX 78163			
Principal occupation (Optional)		Employer (Optional)	
Date 2/7/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CATHY EFRON	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11623 RAINDROP S.A., TX 78216			
Principal occupation (Optional)		Employer (Optional)	
Date 2/15/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: PAT KARAS	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3114 SAMAR S.A.-TX 78217			
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages this Schedule A1: 3 total	
2 FILER NAME GEORGE BRADFORD CLEAR				3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/11/3	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: VIOLA CLEAR		7 Amount of contribution (\$) 100.⁰⁰==	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code P.O. Box 604 SALTVILLE-VA 24370					
9 Principal occupation (Optional)			10 Employer (Optional)		
Date 2/10/3	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JOE NOVOSAD		Amount of contribution (\$) 100.⁰⁰==	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 101 CASA GRANDE BURNET-TX 78611					
Principal occupation (Optional)			Employer (Optional)		
Date 2/10/3	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BRETT ROWE		Amount of contribution (\$) 250.⁰⁰==	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 215 HILL COUNTRY LN SA-TX 78232					
Principal occupation (Optional)			Employer (Optional)		
Date 2/13/3	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MARK LINDOW		Amount of contribution (\$) 500.⁰⁰==	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 112 E. PECAN ST, STE 2300 SA-TX 78205					
Principal occupation (Optional)			Employer (Optional)		
Date 2/19/3	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LANCE HAAG		Amount of contribution (\$) 100.⁰⁰==	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 2907-C WHISPER OAKS LN GEORGETOWN TX 78768					
Principal occupation (Optional)			Employer (Optional)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: **3 total**

2 FILER NAME **GEORGE BRADFORD CLEAR**

3 ACCOUNT # (Ethics Commission filers)

4 Date **3/12/13** 5 Full name of contributor ☐ out-of-state PAC (ID#) **LANCE HAAG**

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code **2907-C WHISPER OAKS LN GEORGETOWN TX 78628**

250.00

9 Principal occupation (Optional)

10 Employer (Optional)

Date Full name of contributor ☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

3/22/13 DAWN RODRIGUEZ
Contributor address; City; State; Zip Code **PO BOX 2097 UNIVERSAL CITY TX 78148**

100.00

Principal occupation (Optional)

Employer (Optional)

Date Full name of contributor ☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

2/3/13 KORTNEY CLEAR
Contributor address; City; State; Zip Code **8424 JACLYN PARK S.A.-TX 78250**

100.00

Principal occupation (Optional)

Employer (Optional)

Date Full name of contributor ☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date Full name of contributor ☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

RECEIVED
CITY OF SAN ANTONIO
CLERK
2013-3 PM 3:00

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **3 total**2 FILER NAME **GEORGE BRADFORD CLEAR**

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

2/19/13**MIDNITE COPY**

6 Payee address; City; State; Zip Code

6105 CALLAGHAN RD, S.A.-TX 78228**31.²⁵ =**

8 Purpose of payment (See instructions regarding type of information required.)

NAME ADV. CARDS9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held**N/A**

Date

Payee name

Amount (\$)

2/18/13**CITY OF SAN ANTONIO**

Payee address; City; State; Zip Code

**CITY HALL, MILITARY PLAZA
2ND FLR****SA-TX
78205****100.**

Purpose of payment (See instructions regarding type of information required.)

FILING FEE-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held**N/A**

Date

Payee name

Amount (\$)

2/17/13**MIDNITE COPY**

Payee address; City; State; Zip Code

6105 CALLAGHAN RD, S.A.-TX 78228**60.³⁴ =**

Purpose of payment (See instructions regarding type of information required.)

NAME ADV. CARDS-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held**N/A**

Date

Payee name

Amount (\$)

2/16/13**ALLIED PRINTING**

Payee address; City; State; Zip Code

3700 BLANCO RD**S.A.-TX
78212****420.⁴⁸ =**

Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN SIGNS-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held**N/A****ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**RECEIVED
CITY OF SAN ANTONIO
2008 APR -3 PM 3:00

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **3 total**2 FILER NAME **GEORGE BRADFORD CLEAR**

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

2/27/3**LA PRENSA**

6 Payee address; City; State; Zip Code

318 S. FLORES ST.**S.A.-TX
78204****160.⁰⁰==**

8 Purpose of payment (See instructions regarding type of information required.)

AWARDS/DINNER TICKETS9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held**N/A**

Date

Payee name

Amount (\$)

2/20/3**ALLIED PRINTING**

Payee address; City; State; Zip Code

3700 BLANCO RD.**SA-TX
78212****334.⁴⁹==**

Purpose of payment (See instructions regarding type of information required.)

SIGNS / BUTTONS / T-SHIRTS-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held**N/A**

Date

Payee name

Amount (\$)

2/28/3**ALLIED PRINTING**

Payee address; City; State; Zip Code

3700 BLANCO RD.**SA-TX
78212****420.⁴⁸==**

Purpose of payment (See instructions regarding type of information required.)

SIGNS-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held**N/A**

Date

Payee name

Amount (\$)

3/10/3**NEIGHBORHOOD NEWS**

Payee address; City; State; Zip Code

3740 COLONY DR #120**SA-TX -
78230****135.⁰⁰==**

Purpose of payment (See instructions regarding type of information required.)

NEWSLETTER ADV.-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held**N/A****ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **3 total**2 FILER NAME **GEORGE BRADFORD CLEAR**

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

3/11/13**S.A. NEWS**

6 Payee address; City; State; Zip Code

P.O. BOX 240022**SA-TX
78224****85.⁰⁰**

8 Purpose of payment (See instructions regarding type of information required.)

ADV. IN NEWSPAPER9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held**N/A**

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2013 APR -3 PM 2:00